

C+D

US



UniChem

Why you're stronger with us

As you know, a lot has happened in the last year and UniChem has been working hard to leverage the strength and depth of its wider Group, for the benefit of community pharmacy. Whilst there is still plenty more in the pipeline, here's an update on some of what we've delivered so far.

Industry-leading professional services solutions

Our customers told us that professional services training solutions were key. In response, UniChem has recently launched an industry-leading pre-registration training scheme. This residential course offers a comprehensive package for both the trainee and the manager. We've had a fantastic response to the course, which starts this September.

In addition, we will shortly be launching your MUR toolkit. If you are accredited, but need the tried and tested tools to drive patient demand and pharmacy team engagement, then this toolkit is the perfect solution.

New own brand product launches

You also said that you expected to see the benefit of new, leading pharmacy brands. With pan-European exposure, Alvita, a new range of surgical, diagnostic and health and hygiene products is a result of sharing of synergies within Alliance Boots.

The range offers high quality, reliable products that mean improved value for money for both pharmacists and patients. The products also benefit from the use of distinctive, clear packaging, to offer patients a product that is easy to identify and simple to use. Watch out for other exciting health and beauty product launches later on this year.

Retail services

UniChem customers will soon receive their new-look your portfolio². This comprehensive catalogue of retail products and services has been carefully put together using retail and buying expertise from across our Group. We have conducted extensive research to ensure that our catalogue not only carries the right range of high quality products, but also offers these products at highly competitive prices.

You're stronger with us

UniChem will continue to ensure that its dedicated teams and joint lobbying processes work in the best interests of community pharmacy. We acknowledge that not all change happens quickly, however, we are committed to delivering relevant, leading edge support solutions to ensure that our customers grow stronger with us.

For further information on any of these initiatives, please call us on 020 8974 4043

C+D

Pharmacy
Champions

Independents top smoking services poll

RPSGB unveils new chief executive

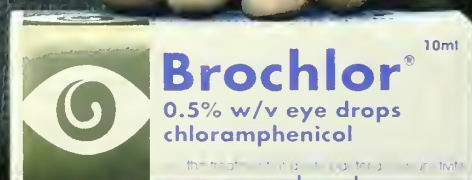
- David Coles: what the Boots buyout means for you
- The greening of the baby care market

Stronger with

US



UniChem



chloramphenicol

WHACK WALLOP!



chloramphenicol

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Brolene & Brochlor - Focused eye care.

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Chemist+Druggist

News

Society ready for legal battle over royal college

Government faces £13m+ bill and legal battle to set up leadership body independent of RPSGB, says Society

NPA flyer calls for sign up to stop the switch

An NPA flyer asks pharmacists to sign up to five pledges to control the sale of pseudoephedrine medicines

David and Goliath

David Coles reveals all on UniChem and Boots, and the benefits the link will bring to independent pharmacists

Opinion

Pharmacy must unite at a time for action

Stop the Switch. Write to your MP, says Georgina Craig

Clinical

Baby skin conditions

Rashes and blemishes on young skin

Elderly smokers lose more muscle mass

The catalogue of evidence against smoking now includes lack of muscle mass in old age

Products & Marketing

Barkat freshens up gluten-free bread

Extra virgin olive oil has been added to the company's par-baked bread rolls

Features

Born to be green

Lesley Ribbens looks at the measures parents can take to minimise the environmental impact of their new offspring

Hawkeye on the web

What's Tom been up to on the web this week?

Classified & recruitment

Star job

Two full-time dispensers required in south Birmingham

10

**YOUR
PROFESSION
NEEDS
YOU**

We are calling on you to take the following
pledges to stop 'switching' manufacturing
of pseudoephedrine from pharmacies



LET'S KEEP PSEUDOEPHEDRINE IN PHARMACY



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Cover: This week's Pharmacy Champion,
Allan Melzack. Picture: Rob Leach



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Society ready for legal battle over royal college

▶▶ RPSGB threatens legal challenge if left out of professional leadership body

Max Gosney

The government faces a minimum £13 million bill and lengthy legal battle to set up a professional leadership body independent of the RPSGB, the Society has said.

The warning comes in confidential documents submitted to the Carter working party on pharmacy professional regulation and leadership, made public for the first time this week.

Closing down the RPSGB to create a new professional leadership body would be "unnecessary" and "provocative", ministers heard.

A full buy-out of the Society's pension deficit could cost more than £13m on top of "substantial legal costs associated with any dissolution process", the RPSGB added.

The government will need legislation to move the RPSGB's charter and residual assets to any new body, Lambeth explained. This move would be considered "heavy handed" and could be subject to legal challenge, the RPSGB warned.

Ministers could also attempt to close the RPSGB by gaining approval from two-thirds of pharmacists for the move. However, since any assets would not be transferred back to members it is

unlikely that pharmacists will back this measure, Lambeth claimed.

The Carter report gave the RPSGB a one-year ultimatum to generate widespread support for its plans to become a royal college-style leadership body (C+D, May 19, p6).

The risks associated with splitting Lambeth's dual regulatory and professional leadership function are also outlined in the previously unseen documents.

Moving regulatory responsibilities

to the General Pharmaceutical Council will result in the Society losing staff and being unable to recruit replacements due to the "uncertainty" and extra "workload", the organisation claimed, as well as reducing existing staff's morale.

Is an independent royal college the best option?
mgosney@cmpmedica.com



Shutting up the Society will cost more than £13m plus substantial legal fees, papers reveal



Jeremy Holmes: distinguished track record of transforming organisations

Society unveils CEO

The RPSGB has appointed high-flying health economist and business consultant Jeremy Holmes as its new chief executive and registrar.

RPSGB president Hemant Patel said that Mr Holmes had a thorough understanding of health policy as well as a distinguished track record of transforming organisations, and had chosen to work with the Society at a time of change for the profession.

Mr Holmes replaces the existing secretary and registrar Ann Lewis, who announced her decision to retire in January after nine years.

Mr Holmes, who starts work at Lambeth on September 1, was previously managing director of the Economists Advisory Group and later a director of business consultancy PMSI. He graduated from Worcester College Oxford with a double first in 1979.

£3,000 for the best pharmacy makeover

Have you had your pharmacy refitted in the past 18 months? Is it delivering innovative and unique services in your area? If so you could enter your business for a Platinum Design Award.

The prestigious Platinum Design Awards 2008, co-sponsored by C+D and Ceuta Healthcare, will be launched in September. There are two categories with £6,000 in prize money, plus the Platinum Design Trophy for



Multiple Pharmacies:

- **Pharmacy design for new premises and refits** – first prize £3,000
- **Service innovation from a refitted pharmacy.**

Look out for the entry form in C+D on September 8, or to register your interest and have an entry form sent to you, contact Pauline Sanderson, Pharmacy Projects, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE. Tel: 01732 377269. Email: psanderson@cmpmedica.com

Iron bar attacker gets 14 months in jail

A pharmacist who attacked and injured an RPSGB official with an iron bar has been jailed for 14 months.

Judge Quentin Campbell told Samuel Quentin Ashby: "To attack anybody with an iron bar with a nut on the end could have caused very serious injuries and even could have caused death."

He added that Mr Ashby, now of Hastings, had problems controlling his emotions and temper, and would have to learn to do so to avoid similar situations.

However, Judge Campbell said that having looked at the incident, he considered it a "one-off" and that he did not need to use special powers to extend the sentence beyond 14 months.

Mr Ashby attacked interim RPSGB head of legal affairs Desmond Fitzpatrick on October 25 last year after being struck off by the committee chair Lord Fraser of Carmyllie QC over allegations of rudeness.

Mr Ashby clambered over a line of tables and walked towards Lord Fraser, slamming down some papers and demanding action about pharmacies in this country. He then returned to his seat but after a further exchange he produced the iron bar and launched his attack, shouting: "You can have it then". Mr Fitzpatrick suffered a gash to his head that required seven stitches. Mr Ashby's defence told the hearing that he had expressed remorse. **UKL**

National chains miss out on stop smoking services, poll reveals

Max Gosney

National pharmacy chains are losing out to independent rivals in the delivery of stop smoking services, a poll of PCT chiefs has revealed.

Only 27 per cent of commissioners said multiples are most likely to lead smoking cessation schemes, according to a C+D study. Stand-alone operators secured 46 per cent backing and regional pharmacy chains 36 per cent in the survey of 47 PCTs carried out by Webstar Health.

Multiples are missing out due to high staff turnover and sluggish responsiveness to pharmacy quit smoking opportunities, the poll found.

Josephine Edun, survey respondent and project officer at Lewisham PCT, said: "For big multiples the staff are always changing. You train up five pharmacists to become stop smoking advisors and they move on."

Mark Galloway, head of medicines management at Coventry PCT, said: "There seems to be this default position in PCTs that only multiples can help us. But look at the facts and that doesn't ring true. Independents can be more reactive."

However, multiple representatives branded PCT criticism a "red herring". Inconsistent local funding had led many national chains to pay less attention to smoking cessation services, said Rob Darracott, CCA chief executive. "Our members tell us that they can respond more effectively, given their national focus, to



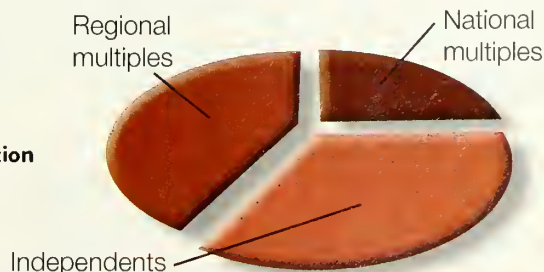
advanced services rather than locally enhanced ones."

Multiples may also be at a disadvantage as businesses are less likely to be based in deprived areas.

Stephen Fishwick, head of NHS services at the NPA, told C+D: "There's a strong correlation between areas of deprivation and pharmacy operators with fewer than 10 businesses. These areas get greater funding for targeting health inequalities like smoking."

Who is leading smoking cessation services in your area? Contact C+D on haveyoursay@cmpmedica.com or call 01732 377315

In your experience are community pharmacy smoking cessation services more likely to be delivered by...



Industry reacts

"Our members confirm that PCTs actively prefer to work with independent pharmacists, because decisions can be made quickly by owners as opposed to locums."

David Wood, executive director, IPF

"The difference independents can make is that they can build up a

relationship with a quitter and provide ongoing support – we know that can make a big difference when trying to give up smoking. This is less likely with some of the large chains because they are often staffed by locums."

Simon Colebeck, MD, Numark

"According to our respondents, when it comes to smoking cessation service, independents are first in line

to sign up, with regional multiples second and national multiples last. This suggests that perhaps independents are best placed to reap the rewards that the increasing demand for smoking services is likely to bring."

Gianpiero Celino, director, Webstar Health

"It's the complete opposite of the national findings for our PCT.

News in brief

Baker quits Boots

Richard Baker, chief executive of Alliance Boots, has quit the company in a boardroom reshuffle.

Boots managing director Scott Wheway also departs as KKR completes its £11bn takeover of the firm. Stefano Pessina will chair the revamped board.

GPs yes, parents no

A third of community pharmacists would not tell parents when they dispense off-label drugs for children, according to a survey published by the British Journal of Clinical Pharmacology; however, some 78 per cent said they would tell the GP prescriber.

Generic perindopril

A generic version of the ACE inhibitor perindopril is to be relaunched following the resolution of a patent dispute between Servier and Apotex. Generic perindopril was launched last August but withdrawn as Servier asserted molecular form patents.

PBC week
September 24-28

Quiz experts on PBC

Going up against a practice-based commissioning board to bid for a new service may seem a daunting task but to help you out C+D has teamed up with the NPA to get the answers to all your PBC questions.

As part of PBC commissioning week in September (24-28) a virtual panel of experts including a GP PBC lead, a policy expert from the Improvement Foundation, an LPC representative and a contractor will be waiting to answer your email queries.

Stephen Fishwick, NPA head of NHS service development, said: "Anyone sending in a question will get a prompt and direct reply."

Multiples are leading smoking cessation."

Afana Butt, community pharmacy development pharmacist, Westminster PCT

"Large multiples have got the resources and specialism, but I'm not always convinced that their staff are engaging as much with PCTs and telling them what they can do."

Roy Carrington, CEO, AIMp

News in brief

Drugs firms reprimanded

GlaxoSmithKline and Bayer have been admonished for breaking the ABPI code of conduct. The rulings came as Roche was publicly reprimanded by the Prescriptions Medicines Code of Conduct Authority for providing false information.

Financial advice offered

Pharmacists will be offered help with business accounting through an online financial tool being developed by the NPA. The application, which features template accounts, will be available in England and Wales this October. A Scottish version will follow once "finer detail" of the country's contract is revealed.

Lobbying change

Welsh pharmacy leaders must "engage in a very different way" with political decision-makers following the transfer of political powers from Westminster to Wales. The Government of Wales Act has changed the machinery of lobbying in a way many organisations have yet to realise, the Welsh Directorate of the RPSGB warned.

'Diginosis' phenomenon

More than 5,000 people in the past six months have shown pharmacists digital pictures of an embarrassing illness, Boots' research has claimed. Pharmacist Angela Chalmers said the chain had seen a considerable increase in people asking its pharmacists to check pictures on mobile phones and digital cameras.

Treatment advice

A retrospective analysis has suggested that treatment with angiotensin-converting enzyme inhibitors and angiotensin receptor blockers reduces mortality in heart failure patients with kidney disease. *Am Heart J* 2007; 153(6): 1064-73.

Copyright breach on web

The owners of the Chemist-4-u.com website have agreed to stop using pages copied from the Pharmacy2U website. Legal proceedings have been halted and a settlement agreed after North Meols Pharmacy director Shamir Patel promised to stop using Pharmacy2U copyright material.

Low-dose oestrogen HRT

Wyeth Pharmaceuticals has launched a low-dose oestrogen-only HRT licensed for women who have had a hysterectomy. The treatment contains half the dose of the existing Premarin 0.625mg HRT product.

Drug firms challenge over generic switching

Payments for GPs who switch patients to generics are 'illegal', says ABPI

Tom Hawkins

Drug manufacturers have

mounted a legal challenge against the government over incentives encouraging GPs to switch patients to generic medicines.

The Association of the British Pharmaceutical Industry (ABPI) has challenged the legality of payments made to GPs who prescribed certain medicines.

Richard Ley, ABPI spokesman, told C+D: "In some cases we understand that doctors are given financial incentives for switching patients to particular medicines and we believe that to be illegal."

The ABPI also claims patient

welfare was put at risk through the absence of central guidance on switching patients. It added that recent guidelines did not include measures for patients to opt-in to a switch rather than opt-out.

The DH said it would "rigorously defend the challenge". It is attempting to reduce the NHS drugs bill through the use of generics and claims it can save £84 million alone in low-cost statins.

In a statement it said: "These generic drugs are safe, of good quality and just as effective, and used to treat many millions of patients worldwide. The purpose of the legal provisions now contested by ABPI is to control commercial activities not

the work of public health organisations."

The case is due for judicial review, but is unlikely to be heard before the end of the year, the ABPI confirmed. The organisation said it is available for further discussions with the DH "in order to avoid the need for the case to go before the courts".

Warwick Smith, director of the British Generic Manufacturers Association, said GPs should continue to be encouraged to prescribe generically.

"We believe prescribing generically, by INN, is important because the patient receives the molecule the doctor wants but from a cheaper source," he said.



John D'Arcy received the 21st Bayer Schering Pharma Award from the College of Pharmacy Practice for his unique contribution to the development of community pharmacy practice. Ian Simpson, chief executive of the College of Pharmacy Practice, said: "We are delighted to present this award to John for his role in guiding community pharmacy practice development, through his role as chief executive of the NPA." Mr D'Arcy will also be admitted as an Honorary Fellow of the College. Mr D'Arcy said: "I am delighted to receive this award. I am honoured to be joining the ranks of a very illustrious and select group of individuals"

NPA leads clampdown on crystal meth abuse

The NPA has published a flyer asking pharmacists to sign up to the five pledges to control the sale of pseudoephedrine and ephedrine medicines.

The move aims to add further pressure on the MHRA to abandon proposals to remove affected drugs from pharmacy sale. The drugs regulator claims criminals are manufacturing crystal meth using precursors bought at pharmacies.

An NPA spokesperson said: "It's convenient to see the end of a

consultation period as the finishing line, but now is the time when the MHRA and ministers will be considering the evidence."

The NPA initiative came as the US government reported a sharp fall in the number of illegal crystal meth labs. The decline followed the introduction of greater pharmacy control on sales similar to those in the UK. **MC**

Meet the world's angriest pharmacist. See p44

YOUR PROFESSION NEEDS YOU

We are calling on you to take the following actions to stop criminal manufacturing "crystal meth" from pseudoephedrine obtained from pharmacy

1. Do not sell all or any of the pseudoephedrine to individuals who are not registered as a pharmacist.
2. Do not sell pseudoephedrine to individuals who are not registered as a pharmacist.
3. Do not sell pseudoephedrine to individuals who are not registered as a pharmacist.
4. Do not sell pseudoephedrine to individuals who are not registered as a pharmacist.
5. Do not sell pseudoephedrine to individuals who are not registered as a pharmacist.



LET'S KEEP PSEUDOEPHEDRINE IN PHARMACY

NPA
National Pharmacy
Association

Support for the NPA's flyer will add pressure on the MHRA to stop the switch



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 **accumulator**

HOW TO BUY GENERICS

To find out more about Accumulator call us on 0800 731 0370 or email accumulator@actavis.co.uk

News in brief

Centenary celebrations

Some 200 former students and staff of the University of Bath Department of Pharmacy and Pharmacology attended its centenary celebrations on Saturday. Among the guests were RPSGB president Hemant Patel and England's chief pharmaceutical officer Dr Keith Ridge.



Diabetes guidelines

The first UK clinical guidelines for children with type 1 diabetes have been drawn up by the Brecon Group (BG). BG, an all-Wales paediatric diabetes interest group, has developed a set of guidelines to allow type 1 diabetes to be managed more effectively. Tel: 0845 010 3300.

Preparing for flu

The NPA, CCA and RPSGB have joined forces to ensure community pharmacy is prepared for a flu pandemic. www.npa.co.uk/members

Actavis aims to cut errors with new pack design

» Colour coding used to signify range and dose strength

Tom Hawkins

Actavis has begun rolling out new-look packaging across its generics range. The livery has been designed to minimise dispensing errors and provide clear patient information.

The Actavis pack designs are based on National Patient Safety Agency guidelines and have been tested with pharmacists and patients. They are decorated in 80 colours to signify the product range and highlight dose strength.

The first products to benefit from the makeover are finasteride and pravastatin sodium. The majority of the company's 370 UK lines will be available in the new livery by the end of the year.

Professor David Cousins, head of safe medication practice at the National Patient Safety Agency, said product use is enhanced by clearly designed packaging. He said: "The use of colour and design is important for health professionals; it's even

more important for patients."

Every week 60,000 adverse incidents are reported in England and Wales. Of the small proportion that result in death or serious harm, 57 per cent are related to administration or supply errors. The most common error relates to wrong dose strength or frequency.

The NPSA has revised its guidelines on the design of dispensed medicines. It has also produced guidelines for injectable medicines and a best practice booklet for activity in the



Use of colours is key to improving safety, says NPSA

dispensing environment, both of which will be released in the autumn.

Professor Cousins added that the NPSA was in discussion with RPSGB inspectors over encouraging pharmacists to report patient safety incidents since there is limited information on errors in the sector compared with nurses, for example.

He said: "Somehow pharmacists think that a greater percentage go on to disciplinary action. That's not the perception in other professions."

Your views

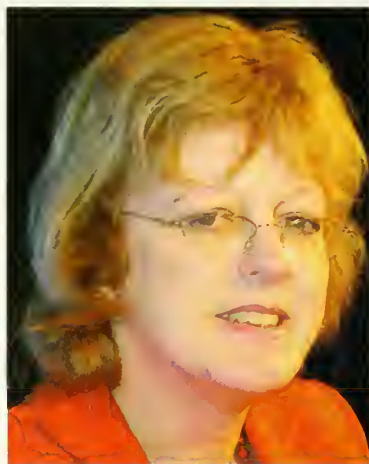
New broom in the department

MP Sandra Gidley is encouraged by the new secretary of state for health's mention of pharmacy

I was pleased to see that the pharmacy world's response to the all-party pharmacy group's (APPG) report into the future of pharmacy was overwhelmingly positive. I hope it remains that way as we all work together to achieve some of its aims.

But isn't it predictable that there is always someone who can be found mewling and puking? In this case it was a Camden & Islington LPC officer who claimed the APPG "didn't understand" the problems (C+D, June 30, p7). It's strange then that this LPC didn't submit any evidence to the inquiry. It might also be worth noting that the PCT did take the time to respond.

The all-party group devoted a whole evidence session to PCTs and LPCs. It was fascinating, because at the start we were led to believe that everything was hunky dory and that the relationships between LPCs



and PCTs were wonderful.

A couple of giveaway remarks led to some rather sharp questioning and eventually some of the pharmacists on the LPCs admitted that not all was as they would like it to be. The cracks in the relationship began to show and

this led to the recommendation that more must be done to ensure pharmacy has a seat at the commissioning table, as of right.

A seat at the table is one thing but it is much more important to have a voice that influences and is listened to. Pharmacy really does have to make the most of every opportunity that is offered and that means engaging with opinion formers, whenever possible. If such opportunities are missed how can we be sure that others are not being missed?

But back to Camden & Islington PCT. Its submission was rather interesting, as it was forthright about financial pressures and acknowledged the small resource available to develop pharmacy services but when asked about practice-based commissioning, it stated "pharmacy services could be the solutions". There

was constructive criticism too – it highlighted the fact that "pharmacists' understanding of NHS reforms and commissioning is lacking", and that pharmacy services are not always a cost-effective option.

Alan Johnson's first statement as secretary of state for health mentioned pharmacy. This is a good omen but it is clear that nothing can be taken for granted. I will be the first to admit that pharmacists will need to work hard and smart to provide the evidence base for pharmacy services. Training in making a professional and robust submission seems hard to come by.

Our leaders must address this deficit if pharmacists are to engage properly with other health professionals in designing services that are fit for the future.



Summer bites & stings? Tough TLC from down under.

Give your customers the kind of care they need. Care Stingose® Spray is the Aussie antidote for bites and stings which neutralises the venom itself. It relieves the pain and reduces the effects of bites and stings from wasps, bees, mosquitos, nettles, jellyfish and stinging plants – and it's effective for both adults and children. So if you're looking to apply some effective TLC this summer – recommend the antidote from down under.



Always use normal first aid measures. Patients with a known or suspected allergy to insect bites or stings should seek medical advice.

— All the care you need. —

Presentation: Pump spray for topical application. **Contains:** Aluminum Sulphate 20% w/v, Sodium Lauryl Diethoxysulphate, Fragrance - SLS 9004 and Purified Water. **Indications:** Relieves pain and reduces the effects of stings and bites from insects, animals and plants. **Dosage and Administration:** Adults and Children: Spray immediately onto the affected skin. Re-spray if necessary. **Contraindications:** There are no contra-indications to Stingose. Some individuals may have limited skin reaction of short duration, but these are rare. **Warnings and Precautions:** Stingose should not be applied to the eyes. The skin must not be pre-treated with methyl spirits or alcohol, as this will reduce the activity of Stingose. **Pregnancy and Lactation:** No effects known. **Side Effects:** None known. **Legal Category:** GSL. **Licence Number:** PL 13227-0001. **Pack Size:** 25ml. **Retail Price:** 25ml £3.99 inc VAT. **Trade Price per Single:** 25ml £1.88 exc VAT. **Licence Holder:** Wellvalue Ltd, 1 Park Place, Canary Wharf, London, E14 4JH. **Manufacturer and Distributor:** Thornton & Ross Ltd, Linthwaite, Huddersfield, HD7 5QH. **Date of Preparation:** 12/03/07. Care+ and the lozenge device are trademarks of Thornton & Ross Ltd.

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David and Goliath

What independents think of accessing Boots brands

Brands like No7 are great products and there is nothing like them on the market – they would definitely help retail sales.” Angela Garrett, proprietor, Garrett Pharmacy, Cheshire

“Our nearest town is 10 miles away and our customers ask for familiar brands. brand association for us would be great due to our rural setting – it puts us up with the local retail stores.” Tim Gibbs, Yarmouth Pharmacy, Yarmouth

“If we had brand association with products like No7 it would be good for business as we are only small.” Duncan Riley, Davison Chemist, Newcastle

UniChem MD David Coles tells **Max Gosney** how an £11 billion private equity-led buyout at Boots can benefit independent pharmacy customers

Goody bag: KKR's takeover at Boots will speed up the delivery of support and savings to UniChem customers, says Mr Coles



David Coles breaks off mid-sentence as an employee sporting a microphone ear piece more associated with Madonna concerts than pharmaceutical wholesaling enters the office. “It allows our employees to work on the move,” explains the UniChem managing director as the staff member continues her wireless phone conversation while searching drawers for documents.

Lateral thinking has been an important attribute at the Chessington-based wholesaler during a whirlwind 12 months. First came a merger with Boots followed by a controversial tie-up as exclusive distributor for Pfizer medicines. UniChem then signed a second direct to pharmacy (DTP) group deal with AstraZeneca before quitting industry representative BAPW months later. Just as the dust appeared to have settled, along came an £11 billion buyout of the Boots merger by US private equity giant Kohlberg Kravis Roberts.

The takeover will allow UniChem to boost its support for independent pharmacists, claims Mr Coles. “The development of the Alliance Boots group will speed up under the KKR buyout. I’m really excited about stepping up the pace of bringing the benefits of the wider

group to independent customers. As part of a privately owned group, we will have greater freedom to be more entrepreneurial.”

Incentives include extra training and support packages, access to bestselling Boots brands and cost savings from affiliation with a big international business, Mr Coles reveals. “Support will come in every area of the pharmacy

contract. We’ve just launched a pre-reg training package by having that connection with Boots. We’re also having dialogue about access to brands like Botanics and No7. Then there is the pure economy of scale, which could lead to buying benefits.”

The Alvita surgical products range became the first Boots brand made available to independents this June. However, UniChem is wary of forcing the bestsellers of a historic rival onto independents. Mr Coles says: “We’re not imposing products on anybody. We’re in discussions about sourcing the formulations for Boots lines and the repackaging and rebranding for independents.”

Further product support is also in the pipeline as manufacturers take greater control over the supply of their products, Mr Coles predicts. “DTP deals show how manufacturers want to engage with pharmacy and some of the areas we are seeing this is in product support. We recently ran a diabetes screening pilot with Roche and when you talk to manufacturers you can see they are keen to get close to the pharmacy agenda.”

Critics are wrong to deride DTP as detrimental to pharmacists, the UniChem chief adds. “The main thing that’s been frustrating for me is the knee-jerk negativity towards something we saw as an important force for change.” Concerns over increased administrative burden and shrinking discounts are better dealt with directly, he says. “The best way of tackling concerns is by engaging with manufacturers. If you are as pessimistic as possible then you may actually fuel the negative outcome.”

Mr Coles applauds the Office of Fair Trading decision to investigate the impact of manufacturer-led distribution on the NHS. “It’s right that when there are such big changes they’re properly scrutinised,” he says. With the OFT set to announce its findings in 2008, it’s an uncertain environment for pharmaceutical wholesaling. Mr Coles, a former MD of logistics firm DHL, appears to thrive on the instability. “If we were in a stable, predictable environment then people would get bored. When I first joined this business there was a lot of talk of change and now it’s really happening. Change has always been a fact of the business.”



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Comment from the editor



Mr Jeremy Holmes
Chief executive and registrar in waiting
c/o RPSGB, Lambeth

Dear Mr Holmes,

Congratulations on your appointment as the new chief executive and registrar of the Royal Pharmaceutical Society of Great Britain. I'm sure you're well aware of the task that awaits you – I hope you relish a challenge. The size of the prize is considerable, though: to unify a fragmented profession and help it deliver on what is expected of it would be something special to have on your CV.

Yet it must be a little worrying, having accepted the job, to then read in the same week the Society submission to the Carter report that suggests it isn't immediately behind you in what you might have thought would be your biggest task – successfully moving the RPSGB into an era of two new bodies for professional support and regulation. One might think the Society is in denial of the governmental policy juggernaut.

Furthermore, not many chief executives could feel comfortable with the prospect of presenting the government with a £13 million bill within their first few years of office; but at least your shareholders can't go anywhere else, although they have been known to revolt from time to time. Your predecessor Ann Lewis should be able to give you some advice on how to deal with the situation successfully, should it ever arise.

The C+D team looks forward to meeting you in September and we will watch your progress keenly.

Yours sincerely

Fiona Salvage, deputy editor, C+D

Your views

Pharmacy must unite at a time for action

Tell your MP to sign up to the early day motion on keeping pseudoephedrine P, says Georgina Craig

This month has showcased the best in pharmacy body collaboration. It has seen community pharmacy unite behind a shared campaign to stop the switch of pseudoephedrine.

Pharmacy presented jointly at the key stakeholders meeting at the Medicines and Healthcare products Regulatory Agency (MHRA) and has developed a shared outline framework for pseudoephedrine awareness programmes to ensure a consistent approach. We have worked collaboratively with OTC manufacturers and their representatives. All this has been noticed by regulators and key stakeholders alike, so if things do turn out well, there is no doubt that this joined up approach will have contributed significantly.

The recent all-party pharmacy group report on the future of pharmacy has called for community pharmacy's leaders to work together and speak with one voice. The pseudoephedrine campaign is an excellent example of what this looks like when it works well.

But pharmacy must deliver. The

spotlight is on the profession and if pharmacy wants to be taken seriously and recognised for being focused on public health and the public interest, contractors must be proactive and demonstrate the leadership expected from the professionals who are entrusted with being the custodians of medicines.

The early day motion (EDM) highlighted in C+D last week provides a platform for pharmacists to contact their local MP and ask for their support to keep pseudoephedrine P.

So, once you have implemented the voluntary measures proposed by the pharmacy bodies in full, the key one being the restriction on sales to one pack per transaction, it's time to write and let your local MP know that you are already working to protect the public's health, urging them to sign up to the EDM. This will keep up the pressure as ministers consider the MHRA's recommendations. It's up to pharmacists everywhere to make certain that parliamentarians are aware of what's at stake.

A key component of pharmacy's proposed package of measures is the implementation of a robust educational awareness programme, providing the background information as to why pseudoephedrine sales

must be treated differently.

To provide confidence that pharmacy is ready to deliver, the CCA advocates that any programme should have a mechanism built in to demonstrate completion. For those interested in such an approach, the CCA and its partner organisations including the Association of Independent Multiple Pharmacies (AIMp), are making the awareness programme MethGuard UK widely available to all contractors from August 2007.

The CCA and AIMp believe the more that pharmacies are seen to be implementing the profession's preventative measures proactively in the run-up to the MHRA's final decision, the stronger pharmacy's case to retain P status will be. We urge you to join us in this campaign.

For help and guidance in writing to your MP, the CCA has an example template available on its website – www.thecca.org.uk

Georgina Craig is head of communications at the Company Chemists' Association



Xrayser

Xrayser

CD

Pharmacy goes frantic

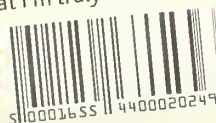
Sometimes I look back on my week and think that I could have walked through it with my eyes closed. But other times I feel like I've been the victim of a full frontal attack from every patient, colleague, organisation, member of staff and piece of machinery that I've come across.

This week has been one of the latter variety, where my nerves and endurance have been tested to the limit. The only thing I haven't had to endure, thank god, is a flooded pharmacy. I have had a computer breakdown, three members of staff off sick, a patient collapse in the pharmacy, several arguments with difficult customers, a falling out with a GP and the loss of a nursing home.

It has been firefighting at its most acute, with little time for luxuries such as an MUR or two, or even eating a sandwich sitting down. If every week was like this I would never be able to consider any extended roles, meetings, CPD or staff development.

It's at times like these that you really find out who your friends are. So, a great big thank you to my remaining members of staff who, as always, have done me proud. And another pat on the back for my software supplier, who quickly and efficiently remedied my computer problem. My computer is now such an important part of my work that I'm truly stuck

CD



24 tablets inside

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CD

without it and when (or if) ETP is introduced everything really will grind to a halt in the event of a computer failure.

If I'm honest, I'll be glad to see the back of the nursing home. A small home run by lifetime members of the awkward squad, it took up far more of my time and energy than it should and I pity the pharmacy that takes it on. And I've been dying to say a few choice words to that GP.

Difficult customers are a fact of life, but why do they all seem to arrive at once? It doesn't take many bloody minded idiots to make me forget that most people I see are a pleasure to deal with. And of course the poor old fellow who collapsed in the pharmacy didn't do it deliberately. Or maybe he did – there are few better places for an attack of syncope than on my floor. You get guaranteed first aid and immediate referral to either the ambulance service or a local GP.

In fact, it's actually been a rather satisfying few days. I've enjoyed it far more than any CPD or meetings I've attended. Let's hope things don't get back to normal just yet.

Rain, rain go away

If only I stocked umbrellas, or wellington boots, or even rain hats, business would have been booming these last few weeks.

Unfortunately this freak weather has simply served to keep passing trade to a minimum and severely restricted sales of seasonal goods. The hayfever season has been rubbish (speaking as a non-sufferer) and I've had few requests for sun blocks, sunglasses or after-sun – in fact anything related to the sun has been gathering dust on my shelves.

I've heard promise of good weather in July and August and I hope that's true. A little sunshine would go a long way towards cheering everyone up and boosting my business.

24 tablets inside



LPC Inbox

The future of pharmacy

The report on the inquiry by the all-party pharmacy group makes interesting reading, with largely welcomed recommendations. I was pleased that the report recognised the need for the national bodies to speak with a single voice, something pleaded for on several occasions in this column, and that LPCs are, or should be, recognised as leaders at the local level.

Undoubtedly all LPCs, some more than others, need to take notice of the recommended actions relating to strategic planning, effective communication and collaborative working.

This activity takes time and resources so contractors should consider their levy to the LPC a good investment if they want the outcome benefits; if some contractors do not like the current outcomes, perhaps they should get elected onto the LPC, put in the

Many of us feel that the tide is beginning to turn

effort and change matters from within rather than criticising from outside.

Other details worth highlighting are the desire to see an acceleration in service development, a recognition that some PCTs have not always been champions of community pharmacy and that the reconfiguration and financial recovery of the NHS has stifled progress.

In discussion with colleagues, many of us feel that the tide is beginning to turn and that opportunities may now exist. The recent PBC and Pharmacy conferences highlighted some of those potential opportunities.

Now it is up to our pharmacy owners, both multiple and independent, to further invest in premises and skill mix to give commissioners the evidence and confidence that community pharmacy can deliver consistent quality services in the future.

Written by an LPC officer

Your views

Managing market development

In the second article on primary care changes in commissioning, Georgina Craig explores their role in market development and management



The creation of today's plural primary care market has been an iterative one. It dates back to the introduction of personal medical services, which for the first time enabled NHS organisations other than GPs to provide primary care services.

This development saw nurses taking the lead within PMS practices where a doctor was just a sideshow to the main nurse-led event. At about the same time, pharmacy saw the introduction of local pharmaceutical services (LPS), creating the opportunity for contractors to expand their boundaries and provide a broader range of primary care services.

With the introduction of the new general medical services (GMS) contract, the concept of alternative provider medical services (APMS) was introduced. This was a very significant, albeit low profile development that enabled any organisation – both private and NHS – to provide primary care (and thus GMS services). GPs' monopoly on primary medical service provision had been well and truly broken – in theory and regulation at least. In addition, the creation of foundation trusts has also been significant, and many are looking to use APMS to expand into primary care.

But as we know, lasting behavioural change takes a little longer in the NHS and despite the existence of these new freedoms, PCTs have been slow to employ them to drive any significant change. This is perhaps unsurprising, given that

they have been rather busy, bedding down new GMS (and dealing with the fallout from the transfer of out-of-hours care that this entailed) – and rolling out practice-based commissioning (PBC), which has certainly muddled the waters about who does what. Then the NHS announced yet another major reorganisation, which has been the most disruptive in working memory.

So, are existing providers well informed about the inside track on PCT thinking as a result of their close involvement in PBC (GPs) and are foundation trusts set to dominate the commissioning process if the market is left to its own devices?

Given the politics involved, the answer is probably yes. And yet, PCTs have been told to explore and support the development of social enterprise. This mutual approach could help front-line healthcare professionals and the voluntary sector to build new primary care businesses with a non-profit making, community focused approach. And then there is the private sector that sees primary healthcare as a potential new market and others, including community pharmacy contractors, optometrists and the like. Whichever way you look at it, the provider market is crowded.

This means that PCTs must mount an effective countervailing force if they hope to maintain any control. As discussed last week, they will need better information management systems and more robust management of the commissioning process.

process. This is doubly true of GPs who are, through PBC, intimately involved in decision-making and can influence the commissioning process directly.

Recognising this should lead PCTs to put in place thoroughly transparent processes to ensure that their networks and communication with all providers, including community pharmacy, are doubly robust. This will eradicate any accusation of bias in the process. One Derbyshire PCT has already been taken to a judicial review for scrutiny of its commissioning processes, and it will not be the last. Ensuring they are beyond reproach is key; one of the most important roles that local pharmaceutical committees (LPCs) can play is to scrutinise local commissioning on behalf of pharmacy contractors and raise concerns with the PCT as they arise.

PCTs must also balance the need for choice with the need to ensure that services are provided in a sustainable way. This may work both in pharmacy's favour and against. Pharmacies are well-established service providers; their premises are supported by the pharmacy contract. This means they have a vested interest in the sustainability of any new services they provide. This should give pharmacy an advantage over providers who have no established credentials or network of premises. Conversely, PCTs may use this against pharmacy to support continued provision through secondary care and general practice. The strongest case will

undoubtedly be the one made by providers working with GPs and foundation trusts, which the all-party pharmacy group recognised in 'The Future of Pharmacy'.

PCTs will also need to hold the provider market to account. This is a key part of their stewardship of NHS funding as they are

responsible for achieving value for money. And they must show that they have shaped the market to ensure healthy competition prevails. Following the path of least resistance with those who shout the loudest will not be acceptable. This is important because ultimately the general public needs to be satisfied that PCTs are doing a good job. Commissioning is still their core function; and effective market management will help ensure that all our money is spent effectively.

Georgina Craig is head of communications at the Company Chemists' Association

The first step will be understanding the local provider market by mapping it

But they will also have to develop and manage the market effectively. So, what might this be like?

The first step will be understanding the local provider market by mapping it. PCTs need to engage with all willing providers, explain what kinds of services they are interested in commissioning, and identify those providers who may be interested in delivery. As they do this, they must recognise that all providers are not equal. Clearly, existing providers – both NHS trusts and general practice – have a huge vested interest; and they are much closer to the decision-making

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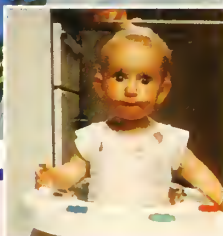
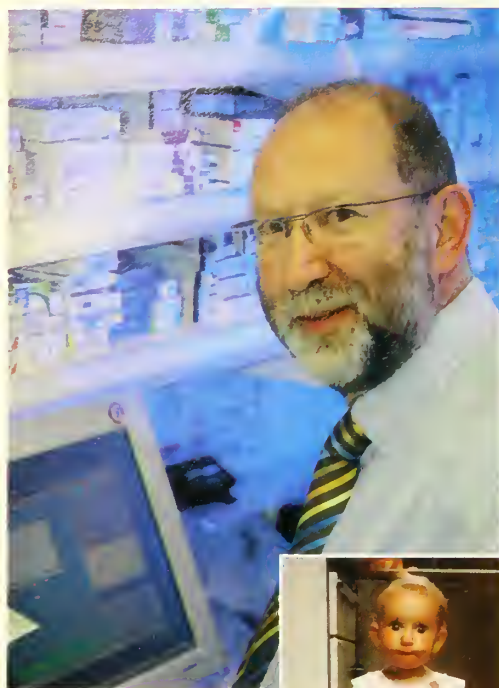
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Name
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Pharmacy
Tesco, Handforth, Cheshire

What has he done?

Promoted the pharmacy profession in the world of dermatology

What fostered your interest in dermatology?

It was because my younger daughter, Poppy, (above) developed eczema when she was just three months old. There was no family history of eczema so it appeared out of the blue. The GP prescribed a cream, a bath emollient and 1% hydrocortisone cream. Both emollients made the condition worse so I decided to try some others, but first I had to do some research to find out what was in the various brands. I realised at that point that I knew nothing about dermatology or eczema.

I discovered that there are no cures for eczema, but with Poppy we learned to avoid certain triggers such as nuts, dairy products and some fruits. We also bought her cotton clothing, strictly controlled her food intake and were lavish with the emollients while using steroids judiciously. Her skin improved. We don't know why or how.

Twenty-one years later, I'm the pharmacist representative on the National Eczema Society's scientific committee.

I strongly advocated the need for pharmacist training at the All-Party Parliamentary Group on Skin in 2005. I'm also on the dermatology sub-group of the Care Closer to Home project set up by the DH to identify schemes where new ways of working have resulted in patients having easier access to dermatology services.

We have been able to identify areas of the country where pharmacy is playing a leading role in dermatology provision. I've also been helping the RPSGB develop the concept of the pharmacists with a special interest in dermatology.

What have been the highs and the lows of trying to promote dermatology treatment?

There is enormous enthusiasm among pharmacists to find out more. Last November, as deputy chairman of the Manchester, Salford and Trafford branch of the RPSGB, I organised a workshop on how to do an effective MUR for dermatology patients. Some 70 pharmacists and pharmacy students came along, which was great.

A recent low was when, at a meeting of 25 pharmacy managers, all of whom were carrying out as many MURs as they could to achieve their 400, no-one had done one with a dermatology patient.

What prevents pharmacists getting involved?

Apart from caution, the two main problems are lack of knowledge and the legal restrictions on the use of hydrocortisone on the face. Endless confusion is caused because GPs prescribe this cream for facial use, but knowing it is cheaper to buy it rather than pay the NHS prescription charge, they direct patients to the pharmacy. Pharmacists then have to refuse the sale, which doesn't make for good relationships between all the parties involved.

If pharmacists' skills are being under-used, how can this be reversed?

I'd say all community pharmacists should make sure they have a basic understanding of skin problems. The CPPE distance learning pack is an excellent place to start. They should also make sure they know the websites and phone numbers of patient support groups for 'signposting' to patients. They should make time to talk to patients and ensure that they know how to use their creams and when to stop using topical antibiotics and steroids.

How have other healthcare professionals reacted?

Consultant dermatologists are incredibly supportive, although they do worry about

pharmacists 'diagnosing'. Consultants would be very happy to see pharmacists managing their patients' treatment as they are well aware that GPs often do not handle this aspect well and emollients are widely under-used. Nurses are also keen to work with us. We all recognise the huge unmet needs of patients.

How do you use your knowledge of dermatology at Tesco?

We stock a range of emollients and I try to maintain a large selection of free samples. As I've been working in the same pharmacy for 12 years, we've become known for giving advice on skin conditions, particularly eczema. We've recently started dispensing (we were a non-dispensing pharmacy for years), and have built up an extensive OTC business, which naturally includes many requests to deal with skin conditions. I am constantly amazed at the willingness of patients to strip off in the middle of a supermarket, even though we have a private consulting room.

Has your job satisfaction improved?

Without a doubt. When a patient tells me that I've changed their life because I suggested they try emulsifying ointment to wash with and to apply frequently, it's so much more satisfying than merely dispensing their medicine.

Under the white coat

What are your hobbies?

Walking, bird watching, eating out and cooking, reading, world music, theatre, dance, cinema (avoiding blockbusters) and lying down. I support Greenpeace and try to minimise my impact on the environment by using public transport. We have a solar water heating system and panels on the roof of our house for hot water and photovoltaic panels to generate electricity for sale to the National Grid. We recycle, re-use and compost as much of our waste as possible.

If you were in charge of pharmacy for just one day, what would you change?

I would allow hydrocortisone cream to be sold OTC for facial use twice a day and for not more than four days.

I'd give pharmacists a fair salary to enable us to do the job properly, undertake postgraduate training during paid protected time, and employ and properly reward trained technicians so that we really can extend our role as healthcare professionals.

It should also, of course, be compulsory for pharmacy undergraduates to undertake a course in dermatology.

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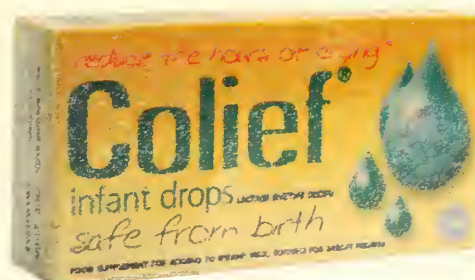
⁰ Kanabar et al, Journ Hum Nutr Dietet 2001.

¹ Review at www.jr2.ox.ac.uk/bandolier/booth/family/colicup.html

² IMS Data: approx 30% of dispenses of Colief Infant Drops are currently on doctors' prescription (12 months to Feb 2007)

³ NHS-Prodigy Clinical Guidance
www.cks.library.nhs.uk/colic_infantile

⁴ Marks et al, Guidelines Working Party Report
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ABBREVIATED PRESCRIBING INFORMATION - UK. Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** Mild to moderate renal impairment: No dosage adjustment is necessary. Patients with moderate renal impairment who experience intolerable adverse events: Dosing may be reduced to 1 mg once daily. Severe renal impairment: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. **Patients with end stage renal disease:** Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of

some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence dry mouth and fatigue. See SmPC for less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no

experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. Last revised: 09/2006

Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

References: 1. Gonzales D *et al.* JAMA 2006; 296:47-55. 2. Jorenby DE *et al.* JAMA 2006; 296:56-63. 3. Tonstad S *et al.* JAMA 2006; 296:64-71. 4. Coe JW. J Med Chem 2005; 48:3474-3477. 5. Gonzales DH *et al.* Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida. Abstract PA9-2. 6. CHAMPIX Summary of Product Characteristics.

CHA055a Date of preparation: Nov 2006



Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of

New oral prescription medicine

CHAMPIX®
varenicline tartrate

C+D Clinical

Baby skin conditions

How to recognise and treat the rashes and blemishes that appear on young skins

Key points

- The main constituents of OTC nappy rash treatments are antiseptics, skin protectants and silicone barrier agents to soothe and rehydrate. Candida can be treated with clotrimazole 1 per cent cream.
- There is no evidence that proprietary treatments for cradle cap are better than olive or arachis oils.
- Eczema management aims to prevent the skin drying and to avoid irritants – with prescription-only topical steroids and antibacterials to treat flare-ups and infection respectively.
- Some other blemishes may disappear spontaneously or persist throughout life.

Alan Nathan

Worried parents often ask pharmacy staff for advice about their babies' skin rashes and blemishes, especially if it is their first child. Most baby skin conditions are not serious and frequently require no treatment. But pharmacists should be able to recognise them so as to give reassurance and recommend treatment when necessary, and be able to identify potentially more serious conditions needing referral.

Nappy rash (napkin dermatitis)

Nappy rash is a form of irritant dermatitis. Although the causes are not certain, faecal enzymes and ammonia from urine are likely contributory agents, acting on skin that has become damaged by prolonged exposure to moisture and occlusion under nappies. Further irritants are detergents and disinfectants left in cotton nappies after washing.

The incidence of nappy rash has decreased

The College of Pharmacy Practice

This course (module 1411), in association with multiple choice questions being published in C+D August 4, provides one hour's continuing education



Reflect

What is the best treatment for cradle cap? Do you know the difference between a milk spot and milia? Parents might ask whether a baby's birthmark will be permanent. Can you answer questions of this kind?

Plan

This article describes the appearance and management of nappy rash, cradle cap, eczema, baby acne, milia and various birthmarks.



This article can help in the following CPD competencies: G1a, C1a, C1f, C3c. See www.tinyurl.com/194zu



Strawberry haemangioma.
Most disappear by the child's seventh birthday

Photo: Dr Nigel Stollery

since the introduction of disposable nappies but in 2000 it was still estimated to affect up to 35 per cent of babies, with the highest incidence in those between eight and 12 months old.

Clinical features

The main features are redness and soreness of the skin in contact with the nappy, including the buttocks, genitals, pubic area and upper thighs, but not extending into the

groin flexures. The rash may have a glazed appearance when the reaction is severe, and long-standing lesions may exhibit fine surface scaling.

Nappy rash can be complicated by bacterial and fungal infection. Weeping or crusting indicates that bacterial infection is present, and referral is necessary. Secondary fungal infection, by *Candida albicans*, is identified by the presence of small, red papules at the edge of the rash.

Pharmacy Update

Could it be something else?

Nappy rash may be the first sign of atopic eczema. A tendency to dry skin, rash affecting other skin areas and a family history of atopic or allergic conditions are factors that could help to confirm this diagnosis.

Infantile psoriasis is uncommon, but when it occurs it typically affects the nappy area and may look alarming, with the characteristic well demarcated plaque-type psoriasis rash with silvery scales. It usually starts in the second month of life, and resolves spontaneously within two to four months without treatment.

Treatment

OTC treatments for nappy rash are based on soothing and rehydrating the damaged skin, forming a physical barrier between the skin and irritants, and reducing the possibility of bacterial infection. They are mostly formulated in greasy emollient bases that provide a hydrophobic protective barrier. The main constituents of these preparations are skin protectants, antiseptics and silicone barrier agents. They include:

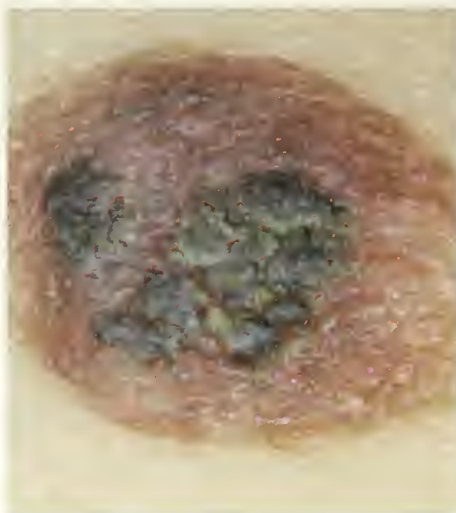
- Zinc oxide: claimed to have antiseptic, astringent, soothing and protective properties.
- Titanium salts, which have actions on the skin similar to zinc oxide. They may stain clothing and bedclothes.
- Antiseptics: benzalkonium chloride and cetrimide, both quaternary ammonium surfactants with activity against a wide range of Gram-positive and some Gram-negative bacteria. Their detergent properties are useful in loosening debris and dead tissue from the skin.
- Dimeticone: a water-repellent fluid silicone, used as a topical barrier to protect skin against water-soluble irritants.
- Cod liver oil has been claimed to promote wound healing, but the evidence does not support this.

Nappy rash complicated with candida infection can be treated without prescription with clotrimazole 1 per cent cream. Steroid creams may be prescribed by doctors to treat nappy rash but are not licensed for OTC use in babies or children.

Additional advice

Tips that pharmacists can give to improve healing and prevent further episodes include:

- Leave nappies off as often and for as long as possible.
- Do not wash the skin with soap. Instead, use plain water or water with an emollient such as emulsifying ointment or aqueous cream.
- Apply a water-repellent emollient or barrier preparation at each nappy change.
- Change nappies as soon as possible after soiling.
- Use the most absorbent type of nappy available if possible; that is, a disposable type with a gel matrix core, although these are the most expensive.
- Wash cotton reusable nappies at a high temperature and rinse thoroughly to



Congenital melanocytic naevus. These are benign neoplasms and are permanent

remove all traces of detergent; avoid occlusive plastic pants.

Cradle cap (infantile seborrhoeic dermatitis)

Cradle cap is a form of seborrhoeic dermatitis of the scalp, usually occurring within the first three months of life and resolving spontaneously by about eight months.

Clinical features

Greasy, yellow, scaly patches, which over time may become flaky and rub off easily. In some cases a thick scaly layer may cover the whole scalp and other areas may be involved, including the eyebrows and around the nose. However, there is no itching and babies do not seem troubled by symptoms. Although its appearance may worry parents, it is not usually serious.

Treatment

The treatment recommended in the British National Formulary is to rub olive oil or arachis oil into the scalp, followed by shampooing. Proprietary creams containing salicylic acid 1.5 per cent, a shampoo containing salicylic acid 0.5 per cent with coconut oil and coal tar, and a shampoo containing anti-dandruff detergents are licensed for the treatment of cradle cap, but there is no evidence that they are any more effective than the BNF method.

Ketoconazole shampoo is effective and safe for the treatment of infantile seborrhoeic dermatitis, but it should be reserved for serious cases and preferably used under medical supervision.

Infantile eczema (atopic dermatitis)

Atopic eczema is a chronic, extremely itchy form of dermatitis caused by a disorder of auto-immune regulation. There is frequently a familial link and the condition often occurs together with other atopic conditions such as asthma and allergic rhinitis. Most sufferers have a very dry skin. Atopic eczema affects up to 20 per cent of children in the UK, and 60

per cent of all sufferers first develop it in infancy. The condition can start from as early as six weeks of age, but often clears spontaneously between the ages of two and five years, and in 60 to 70 per cent of cases by the early teens.

Incidence and prevalence are rising, and the increase appears to be faster in higher income families. This has given rise to a theory that increased hygiene and reduced exposure to micro-organisms in infancy may delay or prevent development of the immune system. On the other hand, high levels of house dust mite have also been associated with the condition. Another suggested cause has been feeding babies with formula rather than breast milk, but research has shown that breastfeeding neither decreases nor increases the incidence of atopic eczema.

Clinical features

Attacks (flare-ups) occur with varying frequency, from occasional to almost continuously, usually with no apparent cause. The rash is inflamed and red, usually starting dry and scaly, but it may weep if rubbed or scratched and become crusted or scaly, and can become secondarily infected, mostly by staphylococci. Distribution of the rash varies depending on age; in babies it normally occurs on the scalp, face, trunk, wrists and hands. The baby is irritable and wakeful, and will try to rub the affected areas.

Treatment

The aim of eczema management is to try to prevent the skin from drying out by using emollients and to minimise the frequency of flare-ups by avoiding any provoking factors or irritants. Topical steroids are used to control flare-ups and antibacterials to treat infections, but these are available only on prescription. Chlorphenamine syrup is available as an antipruritic and for sedation, but it is not licensed for OTC sale for babies under one year.

Baby acne (acne neonatorum – 'milk spots')

Baby acne is thought to be caused by hyperactivity of sebaceous glands, stimulated by neonatal androgens passed across the placenta shortly before and during birth to stimulate growth of organs such as the lungs. It is relatively common, affecting around 20 per cent of newborn babies, and occurs more frequently in boys than girls.

Small papules and pustules develop on the face and sometimes the scalp at around three weeks of age, although they may be present from the time of delivery. Most lesions resolve spontaneously within four months. The baby is not troubled and no treatment is normally necessary, although gently cleaning the face once a day with mild soap and water is helpful.

'Milk spots' are not caused by feeding with either breast or formula milk, although the condition can be exacerbated by the baby regurgitating milk and saliva on to its face. Nor does it have any connection with a

family tendency to acne and does not suggest that the baby will have severe adolescent acne. Acne that persists beyond about four months should be referred, when treatment is with benzoyl peroxide or a topical retinoid.

Baby milia

Baby milia are tiny, pearly white cysts that occur on the upper cheeks, nose and chin of about half of all newborn babies. They are believed to arise in sebaceous glands that are not fully developed, in which dead epidermal cells become trapped. They cause no discomfort to the baby, require no treatment and disappear spontaneously within a few weeks.

Birthmarks

About one in three babies is born with a birthmark of some kind. Some disappear in time while others persist throughout life. They are either vascular, caused by irregularities in the formation of blood vessels supplying the skin, or melanocytic, caused by abnormalities of skin pigment cells. Some permanent birthmarks can be large and draw attention, and may cause psychological problems. However, they can usually be removed or substantially reduced by surgery or laser treatment.

Vascular birthmarks

Naevus simplex ('salmon patch', 'angel's kiss', 'stork bite') is the most common

birthmark, seen in 30 to 40 per cent of newborn babies. It is a flat patch of pink or red skin, often small, usually with poorly defined borders. 'Stork bites' typically occur at the nape of the neck, and 'angel's kisses' on the forehead between the eyebrows. They are also found on the eyelids. Often, they are more noticeable during crying or temperature changes. They usually fade by a baby's first birthday.

Strawberry haemangioma ('strawberry mark') – a bright red spot, often small, usually soft and compressible, with well-defined borders. It occurs most commonly on the face, scalp, chest or back. It may be present at birth but more often appears during the first one or two months of life. Strawberry haemangiomas occur in up to 5 per cent of infants, and most disappear by a child's seventh birthday.

Naevus flammeus ('port-wine stain') – a flat patch of purple or dark red skin, often large, usually with well-defined borders, occurring mostly on one side of the face or neck and present at birth. Port-wine stains are fairly rare, affecting fewer than about one in 300 infants. They are permanent.

Melanocytic birthmarks

Congenital melanocytic naevus (CMN)
Melanocytes are brown pigment cells in the skin that protect against burning by sunlight. Melanocytic naevi are benign neoplasms composed of melanocytes, and CMNs are the result of abnormal embryonic development. Incidence is about 1 per cent, although large CMNs are rare. They are permanent.

Alan Nathan, BPharm, BA, FRPharmS, is a pharmacy writer and consultant, and visiting lecturer at King's College, London.

Continuing Professional Development

Act

- Do you feel totally confident that you can differentiate between nappy rash and the conditions mentioned under 'Could it be something else'? Find out about other baby skin conditions that need to be considered, albeit rarely, and how you would distinguish them.
- Think what you would say to the baby's carer about preventing nappy rash. One piece of advice is to leave nappies off as much as possible. How practical is this? Which products do you recommend and why?
- Look on the web for more information on atopic dermatitis. One site is www.emedicine.com/DERM/topic38.htm and a specific baby address is www.dermatologyinfo.net/english/chapters/chapter16.htm
- Think what advice you would give a mother presenting her baby with infantile atopic eczema and write short notes in your practice workbook. What would you sell her?
- Birthmarks are visible signs that distress parents. Make sure you can recognise those mentioned in the article and can provide sensible advice. Find out how naevus flammeus marks are currently treated. See www.nlm.nih.gov/medlineplus/ency/article/001475.htm#Treatment and www.webmd.com/skin-problems-and-treatments/tc/Birthmarks-Topic-Overview
- Revise skin symptoms of infectious diseases in babies.

Evaluate

- You are presented with a baby with a red rash on its bottom. Can you now diagnose the condition with confidence? Can you differentiate between infantile eczema and an allergic reaction to a newly introduced food? What features distinguish the two?
- What do you know about baby milia and baby acne? Have you ever seen them in practice? Do you need to know more?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the August 4 issue, which will cover this week's CPP-accredited module, together with those in the July 7 and 21 issues.

These will cover:

- Peptic ulcer (1410)
- Baby skin conditions (1411)
- Case studies on statins (1412)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

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For a weekly email alert on C+D's Pharmacy Update series, please register at:

www.dotpharmacy.com/newsbulletins



In brief

Complete our questionnaire – and win £100! We invite you to fill out a short online questionnaire explaining what you like and don't like about C+D's clinical content, including the clinical news section, Pharmacy Update articles and their associated CPD element. To make the whole thing more interesting, one lucky pharmacist reader who completes the questionnaire will win £100. Go to www.dotpharmacy.com/upmain.html

The All-Wales Medicines Strategy Group is holding talks with pharmaceutical manufacturer Amgen with regard to a potential appraisal of palifermin (Kepivance), which is used to treat mouth sores in patients receiving high doses of chemotherapy or radiation.

Oral antibiotics are as effective as the usual regime of parenteral then oral antibiotic treatment in the first incidence of clinical pyelonephritis in children, a study published early online by the BMJ has revealed. www.bmj.com

The charity Diabetes UK is concerned that as many as one in three young women with type 1 diabetes may be risking their health by skipping insulin injections in order to lose weight. The behaviour has been termed 'diabulimia'. www.diabetes.org.uk

A major review of smoking cessation published by the BMJ has suggested that the usual 'five As' approach to raising the issue with patients may not be appropriate. The authors suggest asking patients about smoking, acknowledging their previous attempts and discussing the options for assisting further quit attempts. BMJ 2007; 335: 37-41; www.bmj.com

Nice has overturned an earlier draft appraisal and recommended the use of pemetrexed in combination with cisplatin in the treatment of malignant pleural mesothelioma. www.nice.org.uk

Extending post-operative prophylaxis with enoxaparin (Clexane) to five weeks in acutely ill patients with reduced mobility may significantly reduce the incidence of venous thromboembolism, according to results announced by Sanofi-Aventis.

Elderly smokers lose more muscle mass

Smokers and campaigners can now add muscle loss to the catalogue of dangers normally associated with smoking.

Researchers at the University of Nottingham have found evidence suggesting smokers' muscles are less able to maintain themselves through synthesising muscle protein compared with non-smokers. This leads to faster physical decline and early loss of independence in old age.

Investigations revealed smokers' muscles were less able to incorporate infused amino acids, and also contained more of the muscle growth inhibitor myostatin and MAFbx, an enzyme that breaks down muscle tissue. Am J Physiol Endocrinol Metab July 3, 2007.



GPs' IT misses heart failure patients

Significant numbers of patients with heart failure are not being identified, say the authors of a Healthcare Commission review.

The Pushing the Boundaries report compared heart failure services provided by 303 primary care trusts and their associated hospital service providers.

The results suggested that the numbers of patients diagnosed as having heart failure

in the community across the UK were lower than the predicted by 140,000.

The researchers suggested that one possible reason for the shortfall was problems with GPs' IT systems, as the researchers found that lack of audit was a common problem in primary care. Alternatively, it could be that many patients in the community with heart failure had not been identified by doctors.

UK data would reclassify many 'high risk' cardiovascular patients

A new cardiovascular risk assessment based on UK data would reclassify large numbers of patients now considered to be at high risk of disease, researchers have reported in the BMJ.

Researchers developing the new QRISK assessment found that, in a UK context, the QRISK assessment identified 34 per cent of women and 73 per cent of men aged 64 to 75 as being at high risk.

These figures compared with 24 and 86 per cent respectively based on the widely used Framingham assessment.

Further, UK estimates for 2005 based on

QRISK gave 3.2 million patients at high risk compared with 4.7 million and 5.1 million using the US Framingham and Scottish ASSIGN assessments.

The authors concluded that QRISK appeared to provide more appropriate risk assessments than either Framingham or ASSIGN, but added that it needed to be tested using a variety of populations.

For more information:
www.bmj.com



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Brenda telephones Dr Merali at his

"Hold on a moment, please, doctor," says Brenda. Then, turning to Julia, "Are you sure? I think we'd better get David in on this one."

2. Could the prescription be dispensed on Dr Merali's telephoned instructions and sent for pricing with all the amendments made by

CPD

This article can help in the following CPD competencies: C3e, C4a, C5a. See www.tinyurl.com/194zu

A Practical Approach... this week's answers

1. Yes, the prescription can be dispensed before Dr Merali has made the amendments. Temazepam is classified as CD Schedule 3 and is subject to safe custody, but is exempt from all prescription requirements applying to Schedule 2 and Schedule 3 CDs.

2. From a strictly legal standpoint, yes. As far as prescription requirements go, temazepam is subject only to the requirements of the Medicines Act 1968 for prescription-only medicines. These require only the name and address of the patient, the name and address of the prescriber, the prescriber's signature, an indication that he is a 'practitioner' under the Act, which on NHS prescription forms is the designation 'Dr', and the date. The Act makes no requirement for the strength, quantity, dose, form, or even the name of the drug, to appear on the prescription.

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Jean Jones MRPharmS, qualified from the London School of Pharmacy in 1982 and did her pre-registration at Boots in Stockport. After a variety of roles she bought the Windmill Pharmacy in Denton, Manchester with her business partner Rachel Potter, just over six years ago. In an interview given in February 2007 she gave her views on both the Healthpoint system and the world of community pharmacy today.

Why did you buy your Healthpoint?

"It is a good source of easily understood medical information for patients and helps us fulfil our signposting obligations under the new contract. Both Rachel and I thought it would be useful for counter assistants to be able to provide written information to back-up their recommendations."

What do you like about your Healthpoint?

"It is easy to use for both customers and our pharmacy staff."

What videos do you find most useful?

"For me the ones that involve the heart and those that show medical operations or procedures such as the CAT scan."

What Healthpoint features do you use most often and why?

"We use the search button mostly to get quickly to the print-offs we give as a supplement to our counselling post dispensing. The most popular topic for me is the one on antibiotics and antibiotic diet."

What do you think of the pharmacy contract?

"It is a fantastic opportunity to get more involved in the care of patients and utilise the skills we pharmacists have. It has meant us adapting our practice and letting go of the traditional dispensary based role."



Give a specific example where Healthpoint helped you with a patient?

"A new female middle-aged patient was very concerned about her raised blood pressure, which was about to be treated with medication. She wanted an explanation for hypertension and the risks associated with it plus what measures she could take - on diet for example to help her. I was able to show the various videos on hypertension as well as allow her to investigate other topics such as cholesterol."

What are the major challenges in community pharmacy today?

"Coping with the implementation of the new contract and the pace of change in community pharmacy."

What are the major challenges facing your pharmacy today?

"Being a single independent pharmacy with no organisational structure to support us. Also finding the time needed to ensure we are contract compliant and undertaking the required CPD to make sure we can offer all the new services."



C+D's one minute interview with ...

Heidi Muller, brand manager for Simple



How can pharmacies sell more?

Stock the big sellers, have the key line drivers on your planogram such as kits and gift packs. These are formats that add value. We offer special packs, for example, wipes paired with moisturiser, and '50 per cent extra free' products to encourage trial and bring new users to the brand. With the new-look packaging coming through it is vital to reduce old stock so run promotions to do this. Staff should review merchandising and check the range stocked ties in with local needs.

Who buys Simple?

Mainly women aged 24 to 35, for themselves and for men. Mums often recommend Simple as a first skincare range for their teenagers. The launch of the Regeneration Plus range has broadened appeal to the over 40s.

Why stock Simple?

Simple has a unique position as the sector leader for sensitive skin. It offers a strong formulation philosophy with no perfume and no colour. It's a big British brand, having started life in this country. The Wipes are the biggest selling line in the UK skincare market.

Are there any brand innovations in the pipeline?

We've just added seven products to the Simple range with Kind to Eyes balm the most innovative product. Further NPD is in the pipeline which will take Simple into new sectors. My dream innovation would be to explain the benefit around core sensitivity and help consumers understand Simple is the brand for sensitive skin.

Who would be your fantasy celebrity spokesperson?

Kate Winslett - she has a beautiful complexion, very pure, and reputedly uses Simple.

Interested in appearing in C+D's one minute brand manager interview? Contact Lesley Ribbens on 01732 377600 or email lribbens@cmpmedica.com

Barkat freshens up gluten-free bread

Barkat has extended its offering of gluten-free par-baked breads to include bread rolls. The rolls contain extra virgin olive oil and are free from artificial colours, preservatives, flavourings and GM ingredients.

As with the rest of the Home Fresh Bread range, which also includes baguettes, white bread and country loaf, the rolls are prescribable.

Also new are ice cream cones in wafer and waffle variants.



Price: rolls £2.99/six; wafer cones £3.95/24; waffle cones £3.45/10
Gluten Free Foods Ltd
Tel: 020 8953 4444

To read the complete interview go to:

www.healthpoint-europe.com/c&d

If you have any questions or would like a FREE demonstration of the Healthpoint system, then please call:

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Presentation: Tablets each containing 50 mg caffeine, 1.75 mg nicotinamide, 0.167 mg thiamine hydrochloride (vitamin B1) and 0.167 mg riboflavin (vitamin B2). **Indications:** Relief of fatigue and drowsiness, provision of recommended daily amount of vitamins B1, B2 and nicotinamide. **Dosage:** Adults and children over 12 years: 2 tablets every 3-4 hours as required. Do not exceed 12 tablets in any 24 hour period. Not to be given to children under 12 except on medical advice. **Contra-indications:** Known sensitivity to any of the ingredients. **Warnings and Precautions:** Avoid excessive intake of coffee or tea. **Interactions:** Ergotamine, idroclamide, mexiletine, ciprofloxacin, enoxacin, pipemidic acid, fluvoxamine, phenylpropanolamine, phenytoin, clozapine, lithium, theophylline, pentobarbital, diazepam and methoxsalen. **Pregnancy and lactation:** Consult a doctor before use. **Undesirable effects:** Caffeine may cause tremor and palpitations. **Legal category:** GSL. **Marketing Authorisation Number:** 00240/0051. **Marketing Authorisation holder:** Thornton & Ross Ltd, Huddersfield HD7 5QH. **Distributor:** Thornton & Ross Ltd, Huddersfield, HD7 5QH. **Trade Price:** 24's: £8.79 for a case of 6, 50's: £14.55 for a case of 6, 100's: £21.85 for a case of 6. **Pack size:** Plastic bottle of 50 or 100 tablets, blister packs of 24 tablets. For further information contact the Marketing Authorisation Holder. **Date of preparation:** April 2007.

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Sylk and cancer charity link up



Personal lubricant brand Sylk has teamed up with charity Breast Cancer Care for a sampling initiative.

Samples are being given away at the charity's health and wellbeing events in the north and Midlands regions. These will include younger women's forums discussing the menopause, sexuality and intimacy.

Tony Shelley, Sylk's managing director, commented: "Although Sylk is targeted predominantly at those going through the menopause, it is also widely used by women with a diagnosis of breast or cervical cancer,

for gynaecological conditions and others where hormone fluctuations and drug side effects may lead to atrophic vaginitis or vaginal dryness."

Sampling forms a major part of the brand's marketing activities and samples are distributed by Macmillan nurses, radiographers, obstetricians, gynaecologists and other healthcare professionals.

Product info:

Sylk Ltd
Tel: 0870 950 6004

The GlucOsamax range has evolved...

A NEW dual tablet formula to provide complete nutritional support for your joints in a convenient once-a-day formulation.

GlucOsamax Extra provides an innovative high strength combination of **FIVE** key ingredients:

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MSM 500mg

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Tablet 1 contains:

• Glucosamine

To help regenerate the soft tissues in and around the joints

• Chondroitin

To help attract fluid and nutrients into the joint.

Tablet 2 contains:

• MSM

Necessary for making collagen, the primary constituent of cartilage and connective tissue.

• Rose-hip Extract (Rosa canina).

Rich in Vitamins A, C and E, plus carotenoids such as beta-carotene, lycopene and lutein.

• Omega 3

To provide essential fatty acids



For further information contact Health Perception
Tel: 01252 861454
Email: www.health-perception.co.uk

www.jump4joints.co.uk

Hair-free beauty promotion

Hair removal brand Veet is running an on-pack promotion offering free beauty treatments.

The 'Get gorgeous' initiative is running on key variants and invites women to collect tokens for a free massage, haircut or facial. It will run throughout the summer and be supported by an above the line marketing campaign throughout the UK, part of a £7 million marketing spend on the brand during 2007.



Product info:

Ceuta Healthcare
Tel: 01202 780558

Products in brief

Girls get Curlpower

Studio Line Curlpower has been launched by L'Oréal Paris. The range includes a curl controlling crème for rebellious curls, wave defining spray for wavy hair and re-curling mousse for lifeless curls. Price: from £4.29
L'Oréal Group UK
Tel: 0161 655 1400

Closer to nature

The Nature Knows Best haircare range is now free from sodium laureth sulphate, ammonium laureth sulphate and parabens. Power Health Products
Tel: 01759 302595

Giveaways from Durex

Promotional activity for the Durex condom range this year is targeting holidaymakers.

The brand has teamed up with the Terrence Higgins Trust to give away 30,000 condoms and lubricants to travellers at Birmingham airport from August 4 to 12. A further 40,000 condoms have been given to the Department of Health for distribution in popular destinations including Ibiza.

The 'Strap it up' tour by DJ Tim Westwood, running in European resorts until late November, will distribute 100,000 condoms and safe sex flyers to club goers.

Product info:

SSL International
Tel: 0870 122 2689



Products advertised on TV next week

Bepanthen: All areas

Canesten: All areas

Deep Freeze Patch: All areas except GMTV

DulcoEase: GMTV, Sat, five

Frontline: GMTV, Sat, five

Jungle Formula: GMTV

Kool 'N Soothe Migraine: C4, five

Nicorette: All areas except GMTV

Rennie Dual Action: All areas

Vagisil: All areas

PharmaSite for next week: Oilatum – windows, Oilatum – in-store, Oilatum – dispensary

Pharmacy channel: Piriton, Eurax

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

BRAND FOCUS



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C+D



News bulletin

counter advice

Nurofen for Children

for
fever relief in
young children

Q Why Nurofen for Children relief fever so effectively?

A Nurofen for Children gets to work in just 15 minutes and lasts for up to 8 hours*. It has a fast onset of action, and a longer duration of effect – up to 2 hours longer than equivalent paracetamol formulations. The active ingredient, ibuprofen, is more effective at reducing high temperatures (over 39.2°C)¹. Also, because of its mode of action as a NSAID, Nurofen for Children possesses anti-inflammatory properties not shared by paracetamol products. NICE clinical guidance² does not advocate co-dosing with ibuprofen and paracetamol. Because of the longer lasting effect* and the greater reduction of fever for temperatures $\geq 39.2^{\circ}\text{C}$ ¹, it could make sense to use Nurofen for Children as a first line treatment to reduce fever.

Q When can Nurofen for Children be used?

A Nurofen for Children can be used to reduce temperature and provide fast, effective pain relief for teething pain, earache, sore throats, headaches, and minor aches and sprains. Nurofen for Children can be used for post-immunisation pyrexia.

It can be used in children from 3 months (and weighing over 5kg) to 12 years of age, with a dosage ranging from 2.5ml to 15 ml three times a day. An easy-to-use dosing device is included in every bottle pack for accurate and mess-free dosing.

Nurofen for Children is available in bottle packs or individual sachets for use 'home or away'.

And while adults might believe that the worse it tastes, the more good it does, children don't! Nurofen for Children comes in two great tasting flavours – strawberry and orange – to help the medicine go down.

Q What other advice can you give parents?

A Offer your child regular drinks (if breastfeeding, continue as normal) to avoid dehydration. Do not over or under dress your child, and check on him/her during the night. Seek further advice if

- your child develops a non-blanching rash (one that does not disappear with pressure)
- has a fit
- the fever lasts for more than three days (24 hours for children under six months)
- your child's health gets worse.



- Fast acting
- Long lasting
- Effective

1 Kanabar D. Ibuprofen for Children: A healthcare professional's reference guide. Prescriber supplement
2 NICE Clinical Guideline 47. Feverish illness in Young Children. * Refers to fever.

Nurofen for Children Product Information: Suspension containing ibuprofen 100mg/5ml. Indications: Reduction of fever, and relief of mild to moderate pain. Precautions and Warnings: Consult doctor if symptoms persist for more than 3 days (for a child aged over 6 months), for children under 6 months, seek medical advice after 24 hours use (3 doses). Do not exceed the stated dose. Caution in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult doctor before use. Nurofen for Children is not suitable for patients with stomach ulcer or other stomach disorder. Further information available from: Reckitt Benckiser Healthcare (UK) Ltd, Dansom Lane, Hull, HU8 7DS. Legal Status: 200ml bottle P
www.nurofenforchildren.co.uk

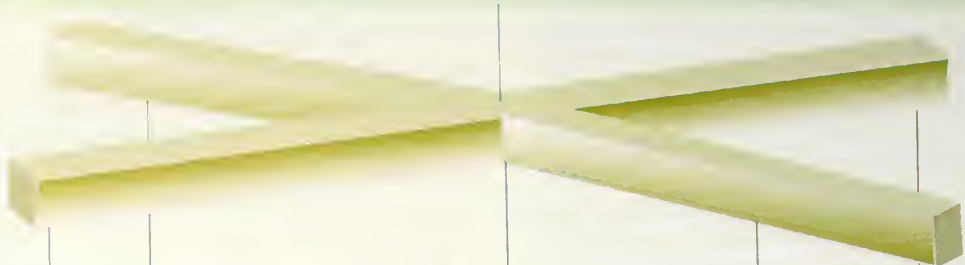
Information about adverse event reporting can be found at www.yellowcard.gov.uk
Adverse events should also be reported to Medical Services,
Reckitt Benckiser Healthcare (UK) Ltd. Telephone 0500 455 456

NUROFEN[®]

FOR CHILDREN



Contains Ibuprofen



Born to be



Parents are rising to the challenge of reducing babies' environmental impact. **Lesley Ribbens** explains

All new parents will tell you they want the best for their baby. Increasingly, the best for baby must also be the best for the planet. After all, if bringing a baby into the world isn't motivation enough to look after the environment for future generations then what is? According to Channel 4's Human Footprint programme, an average child gets through 3,796 nappies. An estimated three billion nappies are thrown away each year in the UK, accounting for 4 per cent of household waste. So it's no surprise that growing environmental awareness has led to a resurgence in reusable cloth nappies.

A far cry from the terry squares used by previous generations, shaped nappies such as Tots Bots, Bambino Mio, One Life and Motherease are easy to use and don't create the landfill

problems associated with disposables. Nor are they a drain on resources such as those associated with the manufacture and transport of single use nappies. Nobody knows exactly how long it takes for a conventional disposable to break down but estimates are put at hundreds of years; an unwanted heirloom for future generations.

Councils' growing tendency to adopt fortnightly rubbish collections is fuelling the return to reusables. Who wants two weeks' worth of smelly nappies festering in the dustbin? Some councils offer financial incentives to buy cloth nappies or use laundry services.

Of course, reusables have their own carbon footprint associated with laundering and critics are still willing to argue against their 'greener' claims. Financially, especially if



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- ✓ Taste approved by over 4,000 babies

£Multi-million campaign including national TV and heavyweight BTL support



*Source: ACH taken Scotland, Royal Gt excl Clinics, Superdrug only
defined Baby Feeding Category MAT / Nov 06, 2006

used on more than one child, reusable nappies can save parents a small fortune.

For pharmacies, while a lack of space may prevent the stocking of the nappies themselves, there are sales to be made of sundries such as biodegradable liners, wipes and nappy bags, as well as tea tree oil, which is a popular antibacterial and odour-controlling choice for the nappy bucket.

Biodegradable disposables offer another alternative. Pharmacist Salim Jetha has seen his nappy sales rocket from an average £1 per week to £100 per week since he began stocking the Moltex range of biodegradable nappies. His pharmacy is located in Lewisham, which is not an affluent area. Comments Mr Jetha: "That is the beauty of the product, there is no premium to pay, they are priced the same as other brands. They contain no bleach, they are kind to the skin and contain tea tree oil, a mild antiseptic that helps prevent nappy rash. It's a win-win situation for my customers, they have nothing to lose."

According to nanny Naomi Arnott, who features on the Litegreen website, an internet portal aiming to help consumers make lifestyle choices that lessen their environmental impact, the green baby market is growing fast. "I think parents are becoming more and more aware of the damaging effects of 'non-green' disposable nappies and toiletries, not only on their

child's health but also on the environment too."

Boots reports it has seen the Nature Babycare (previously Nature Boy and Girl) range experience strong growth year on year. The products are made using GM-free maize and the nappies claim to be 70 per cent biodegradable and contain chlorine-free pulp. Comments a spokesperson for the chain: "Customers can opt for traditional terry nappies, muslin cloths (which have a variety of other general purpose uses) and nappy pins or modern alternatives such as reusable all-in-one nappies. We have not seen the same kind of growth as Nature Babycare on the reusable products sold at Boots. However, we will be introducing some salesplan activity later this year to increase awareness and encourage customers to try out these products."

"Together with suppliers, we are looking at how the environmental impact of our products can be reduced across the business... specifically in baby, we are looking at increased usage of materials derived from renewable sources. The challenge is to ensure that the performance of the nappy is maintained or improved without having to use more raw materials or energy, otherwise the changes are counter-productive."

On the toiletries front, the hunt is on for products free from 'nasty chemicals' deemed bad for a baby's thin skin and the environment. Enemies include sodium lauryl sulphate (SLS) and



Now we have 3 routes to clear Congestion

There are 3 gentle
and soothing ways
to help clear nasal
congestion.



Snufflebabe Vapour Rub is both effective and mild and is suitable for babies as young as 3 months. And then there's new **Easy Breathe**, which comes in 2 handy varieties. The 'no mess' **Easy Breathe Vapour Rub Stick** is easy to use and, with the same gentle formulation as **Snufflebabe**, can be used from 3 months. Plus there's new, double action **Easy Breathe Soothing Nose Balm**, which can be used from 3 years, that both moisturises sore noses and promotes clearer breathing.

Snufflebabe Vapour Rub; Presentation: Ointment containing Eucalyptus Oil 2.00 %, Menthol 1.5 %, and Thyme Oil 0.50%; **Indications**: To give relief from congestion of the upper respiratory tract; **Dosage**: Babies from 3 months. Below this age it is recommended that a GP, Pharmacist or Health Visitor is consulted. Rub a small amount on the upper chest and throat. Alternatively, Snufflebabe may be placed in a tissue or handkerchief in the clothing or tied to the cot. Leave bed clothes loose so that beneficial vapours emitted may be inhaled during the night. **Contra-indications**: Hypersensitivity to any of the ingredients. **Precautions**: Do not apply the ointment to the nostrils of infants. If symptoms persist consult your GP. **Side-effects**: Could give rise to hypersensitivity reactions including contact dermatitis. **Legal Category**: GSL. **Product Licence Number**: PL 01252/0071. **Retail Price**: £2.25. **MA Holder**: Ransom Consumer Healthcare, Stepfield, Witham, CM8 3AG. **Date of Preparation**: May 2005



Recent independent research has shown
that 8 out of 10 pharmacists recommend
Bio-Oil® for scars and stretch marks.*



Bio-Oil® is a specialist skincare product that is clinically proven† to help improve the appearance of scars and stretch marks. It should be applied to the affected area twice daily. Bio-Oil is available at Enterprise, UniChem, AAH Pharmaceuticals, Numark Trading Ltd and other leading wholesalers. Also available in the Republic of Ireland. Made in RSA. www.bio-oil.com

*The Thinking Shop, 2006

†Photobiology Laboratory MEDUNSA, 2006

A Union-Swiss product distributed by  KEYLINE BRANDS LIMITED

its derivatives, the parabens family, propylene glycol stearate and other petrochemicals

Adds Ms Arnott: "Green baby products from a trusted high street pharmacy that is accessible to all parents is a great idea not only firstly for the baby but the environment too, giving parents real peace of mind. If these are sourced from companies with good sound green policies then everyone is a winner. As far as cost goes I think that it depends what market you are aiming at. I think that the majority of parents already buying the higher priced green baby products tend to be those on a higher income. It would be wonderful to see green baby products on the market at affordable prices that were therefore available to everyone."



Cash in on the baby boom, says Hipp

With the birth rate on the up and organic foods growing in popularity, there is a great opportunity for pharmacists to capitalise, says Jane Mayall, marketing manager for Hipp Organic baby food.

Ms Mayall suggests stocking a large range of Hipp Organic jars, the brand leader in the jar market with a 32.9 per cent share (source: IRI HBA all outlets, 52 weeks ending May 19, 2007). If space is limited then an organic range meets the needs of mums who normally buy organic and those who do not. Hipp offers more than 100 recipes covering the start of weaning through to toddlers. As well as jars, there are dried foods, juices, finger foods, microwave meals and milks.

Recent additions to the range include mineral water with a splash of grape or apple juice, elephant biscuits, biccottes and growing up biscuits.

Hipp Nutrition

Tel: 0845 050 1351

Email: inforequest@hipp.co.uk

DERMATOLOGICAL



Prescribing Information E45 Itch Relief Cream. E45 Itch Relief Cream contains 3.0% w/w and urea 5.0% w/w. Indications: pruritus, eczema, dermatitis and an antipruritic and/or hydrating cream. It can be used for the continued

treatment and follow-up treatment of these skin diseases. **Dosage and administration:** Adults, the elderly and children: Apply to each affected area twice a day. The duration of treatment depends on the clinical response. **Contraindications:** Patients with known hypersensitivity to any of the ingredients. It

should not be used to treat acute erythroderma, acute inflammatory, oozing or infected skin lesions. **Special warnings and precautions for use:** May cause irritation if applied to broken or inflamed skin. **Pregnancy and lactation:** There are no specific restrictions concerning its use during pregnancy,

but it is not to be used on the breasts immediately prior to breastfeeding during lactation. **Undesirable effects:** E45 Itch Relief Cream has been reported to cause a burning sensation, erythema, pruritus or the formation of pustules. Contact allergy has also been reported. **Package quantities:** 50 g and 100 g tubes.

MMP: 50 g £3.99, 100 g £5.44. **Legal category:** GSL. **Product licence number:** PL 00327/0122. **Product licence holder:** Crookes Healthcare Ltd, Nottingham, NG2 3AA. **Reference:** 1. NPS Survey March 1999. 2. Paschmann M et al. The German Dermatologist 1992; 1130-1143. 3. Viellu D et al. J Hautkr 67:9816-821.

No nasties for nippers with Halos n Horns

The Halos n Horns range of children's toiletries is expanding in the autumn with the launch of Baby Wipes, Lotion and Oil, and a Suncare range. All the new products will be made in the UK using ingredients from renewable and fair trade resources, and will be free from skin irritants. The suncare variants, to include a lip balm, after sun and complete block, will be fragrance free and suitable for sensitive skin.

The range, free from SLS, SLES, lanolin, phthalates, MIT, parabens, triclosan and propylene glycol, further comprises a baby bath, hair and body wash, shampoos and a toothpaste.

Ceuta Healthcare

Tel: 01202 780558

www.halogb.co.uk



Pitter patter of tiny bare feet

The Barefoot Botanicals SOS range is positioned as a 100 per cent natural, plant based toiletry offering. All variants are suitable from birth. SOS Skin Rescue Cream can be used in the treatment of nappy

rash while SOS Moisturising Face & Body Wash is ideal at bath time. The bath oil is especially good for newborns with dry skin, says Barefoot Botanicals, a problem often seen in babies born beyond their due date.

Barefoot Botanicals

Tel: 0870 220 2273

www.barefoot-botanicals.com



Scratch resistance

The 'itch' of eczema is recognised by doctors and sufferers alike to be the worst symptom of the condition, causing sleep disturbance in 85% of cases.¹

We've drawn upon 50 years of skincare experience to formulate E45 Itch Relief Cream specifically to help ease this distress.

Moisturising urea and local anaesthetic lauromacrogols combine in a dual-action formula to soothe the itch whilst hydrating and smoothing the affected skin.² These therapeutic benefits are delivered in a well-tolerated and highly acceptable emollient cream.³

A "very good" or "good" improvement in skin condition was measured in 74% of patients.³

E45 Itch Relief Cream.
Experience builds expertise.



Dry skin & Eczema

EXPERTE4SE

Contains lauromacrogols and urea

heads

you
win!Metanium
Cradle Cap Cream

Active Ingredients: Salicylic Acid 1.5%

Cradle Cap Cream

Effective, easy to
apply cream that
works to treat this
common condition.

Metanium
www.metanium.com

Product information for Metanium Cradle Cap Cream. **Presentation:** Cream containing Salicylic acid 1.50 %w/w. **Indications:** For treatment of Cradle Cap in infants. **Dosage:** Apply sparingly. Massage into affected part, wash off cream after half an hour to two hour period depending on the severity of cradle cap (babies up to twelve months, maximum half an hour). If a second treatment is needed wait seven days. **Contra-indications:** Hypersensitivity to any of the ingredients. **Precautions:** Avoid contact with eyes or mucous membranes. Prolonged use should be avoided. Discontinue treatment if irritation occurs. Do not use on broken or inflamed skin. Use on large areas should be avoided as systemic effects may occur. **Side-effects:** Can cause temporary hair loss. If this occurs hair will grow at a normal pace. Local irritation may occur. **Legal Category:** GLS. **Product Licence Number:** PL 01252/0072. **Retail Price:** 30g £3.45. **MA Holder:** Ransom Consumer Healthcare, Stepfield, Witham, CM8 3AG. **Date of Preparation:** June 2005

Metanium is a registered trade mark of
Ransom Consumer Healthcare, UK

Filling the health visitor void

As health visitors decline and their time is spread ever thinner, what help can pharmacies offer?

Health visitors should concentrate their efforts on the most vulnerable families and focus on child protection and intensive early intervention for families who need help most, recommends a DH report issued last month. Their role should be redefined, says the report, to utilise their skills and knowledge to have the greatest impact.

The report, issued by the chief nursing officer, comes on the back of news from trade union Amicus that the number of health visitors in England has fallen to its lowest level in 12 years. There are concerns that problems such as domestic violence and post-natal depression are being missed.

Undoubtedly pharmacists and their staff can, to some degree, step into the breach. Many new parents become regular customers in their local pharmacy so there is a perfect opportunity to build up a relationship and look out for unusual behaviour that could be indicative of problems. Provision of information on local baby groups and activities can put new mums in the area in touch with others.

Lyne Henshaw, OTC marketing controller at Numark, believes pharmacists should be pro-active in searching out new parents. "Why not think about working with your local mother and toddler group or antenatal class – there are parents and parents-to-be out there desperate for advice – this is a great

opportunity to claim these as your future patients/customers. Think of local initiatives to involve yourselves in... don't just wait for them to come to you," suggests Ms Henshaw.

The coffee morning is being touted as a support mechanism for new mothers susceptible to the baby blues. A national campaign launched in May – 'A problem shared' – is being backed by Colief infant drops and the Cry-Sis charity and is encouraging mums to revive the social gathering.

Loneliness, lack of sleep and dealing with a crying baby were cited as the hardest things to cope with in a survey of 3,500 parents undertaken last September by Colief. A lack of adult interaction in the first months of parenthood is seen as problematic by half of those questioned.

The campaign revolves around a website, www.problemshared.info, where tips are available on setting up a coffee morning and on caring for a newborn baby.

In the early days of parenthood, many mums and dads are simply looking for reassurance that their baby's behaviour, be it sleeping, crying, feeding or nappy filling, is normal. If the health visitor is proving elusive then why shouldn't parents turn to the pharmacist for advice?



Abidec has got childhood covered

Children's VMS brand Abidec has seen its market value increase by over 35 per cent year on year (source: IRI Feb 07 vs Feb 06) following the introduction of two products. Multivitamin Drops for babies and children were joined on-shelf by Multivitamin Syrup with Omega 3 (£4.99/150ml) for youngsters aged one to five years, and, for six to 12 year olds, Abidec Multivitamin Capsules with Omega 3.

The syrup features a lemon taste while the capsules are orange flavoured; neither has an overpowering fish smell or taste, reports Chefaro.

Chefaro
Tel: 01480 421800
www.abidec.com

Forest's triple offering

Sudocrem made its TV advertising debut last month. The brand, synonymous with babycare, was promoted not only as a nappy rash treatment but also for sunburn and cuts or grazes. It claims the number one spot in the nappy rash market and boasts a heritage of almost 70 years. With mild anaesthetic and antiseptic properties, a thin layer should be applied at every nappy change, suggests manufacturer Forest.

The company further offers Infacol colic drops, claiming a 50 per cent share of its market, says Forest. Completing the babycare line-up, Infacol Probiotic drops, containing 'good' bacteria, are said to help maintain good digestive health.

Product leaflets are available by sending an email to jhirsch@forest-labs.co.uk or faxing 01322 558776.

Forest Laboratories
Tel: 01322 550550





Suck it and sleep

MAM has joined forces with the Foundation for the Study of Infant Deaths (FSID) to promote the charity's latest advice on the use of dummies. Parents are now being advised that settling a baby to sleep with a dummy can reduce the risk of cot deaths. The guidance applies to naps and night-time sleep.

For breast-fed infants, a dummy should not be used until the baby is one-month-old and breastfeeding is well established. A baby should never be forced to accept a dummy, says FSID, and the dummy should never be coated with anything sweet.

MAM has produced a leaflet detailing FSID's advice. The company will donate 10p to the charity for each Mini Night Soother and Night Soother sold. Packaging for all MAM's dummies has been updated to include the guidelines and publicise FSID's additional advice on avoiding cot death.

For more information on cot death, the leading cause of death in babies over one-month-old in the UK, visit the charity's website or call the helpline, 020 7233 2090.

MAM UK Ltd
Tel: 020 8943 8880
www.fsid.org.uk

Bepanthen ups the TV ante



Bepanthen Nappy Care Ointment is currently on TV in a campaign running until mid-August. The ad shows a mum using the product and aims to convey its 'cares and protects from the causes of nappy rash' claim.

The TV activity is part of a £1 million spend on the brand this year. Further support includes an online sampling campaign. Manufacturer Bayer hopes to raise the brand's profile among parents and pregnant women.

Ceuta Healthcare
Tel: 01202 780558
www.bepanthen.co.uk

Heinz plans internet foray

Heinz Farleys is launching a new website designed to support healthcare professionals. The site will let pharmacists access information on topics from simple infant feeding product information to leaflets for provision to parents on request.

Also available will be news and reviews, in-depth research, clinical papers and professional education materials.

The site is due to go live this month and can be accessed at www.tinytums4hcps.co.uk

Heinz Farleys Healthcare Professional Careline
Tel: 0800 692 6009

Easing digestive complaints

Aptamil Easy Digest, an infant formula designed for the management of minor digestive problems, launches this month. The product contains a mix of prebiotics, dubbed Immunofortis, said to be inspired by those found in breast milk.

An estimated 20 per cent of infants suffer symptoms associated with digestive problems. The prebiotics in Aptamil Easy Digest are said to increase the growth of friendly bacteria and decrease the presence of pathogens in the gut flora. Research suggests modulation of gut microflora can help prevent common GI problems such as constipation and colic, says manufacturer Milupa.

To aid digestion, the product contains partially digested proteins, reduced lactose and a blend of vegetable oils. It has a thicker consistency than conventional formula milk.

Support for pharmacists is available via a healthcare professional-only website (below) or the Aptamil HCP Careline on 08457 623 676.

Price: £8.49/900g
Pip code: 328-7273
Milupa Ltd
Tel: 01225 711711
www.milupaaptamil4hcps.co.uk

Calpol branches out

A digital ear thermometer is the latest addition to the Calpol brand. Such devices are regarded as the most accurate way to take a baby's temperature and the new product is predicted to grow the category, says the brand.

Parents are spending more on children's pain relief products, with the average spend up 50p in the last year to £6.48, reports Calpol (source: IRI Data, 52 w/e December 30, 2006). The brand claims over 60 per cent of the market. Its ibuprofen variant, Calprofen, has seen sales increase at 35 per cent year on year, in part fuelled by the P to GSL switch of the 100ml variant.

Educational materials for pharmacists are available from the www.health4children.co.uk website. Further training is available in the shape of Pfizer's modular training programme. Call 01737 331164, email TrainingUK@pfizer.com or visit the Comedis.com website for copies.

Pfizer Consumer Healthcare
Tel: 01304 616161



tails



you win!



Nappy Rash Ointment

One of the most effective treatments to soothe and treat nappy rash.

Metanium
www.metanium.com

Product Information for Metanium Nappy Rash Ointment ; **Presentation:** Ointment containing titanium dioxide, titanium peroxide and titanium salicylate ; **Indications:** Treatment for nappy rash ; **Dosage:** Dab a small amount over the sore area. Spread the ointment thinly so the skin texture can be clearly seen through it. Repeat at each nappy change ; **Contra-indications:** Hypersensitivity to any of the ingredients ; **Precautions:** If no response occurs, or the condition worsens, consult your doctor ; **Side-effects:** Rarely: skin irritations ; **Legal Category:** GSL ; **Product Licence Number:** PL 01252/0065 ; **Retail Price:** 30g £3.49 ; **MA Holder:** Ransom Consumer Healthcare, Stepfield, Witham, CM8 3AG ; **Date of Preparation:** June 2005

Metanium is a registered trade mark of Ransom Consumer Healthcare, UK



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12 noon Monday prior
to Saturday publication subject
to availability

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Dispenser

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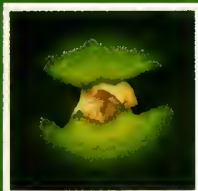
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From: **Hawkeye on the web**
 Date: **Sat 14.07.07**
 Subject: **A load of blogs**



In community pharmacy mrhunnybun details everyday life with the "bozos, weirdoes, freaks" and "very occasional lovely patient"

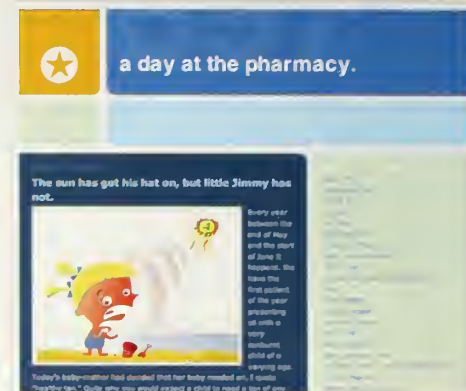
Let me introduce you to a recent acquaintance. He's politically incorrect, swears like the proverbial trooper, and is a practising "supplier of intoxicants" somewhere in the valleys.

Enter The Welsh Pharmacist, one of the more outrageous and provocative members of the pharmacy blogging fraternity: a varied group of people who regularly post their frank musings about what life is really like at the sharp end of pharmacy.

Blogging has exploded in the last few years through a combination of freedom of speech and free webspace from ISPs. For some, a blog is simply a public diary. For others, it provides a platform to discuss real issues without the spin and hyperbole. For a few, it is clearly a cheap form of anger management using a keyboard and a broadband connection.

Evidence of this last category is more apparent on the other side of the pond. Over there, where they can be a bit competitive, you can read the rantings of not only The Angry Pharmacist but also The Angriest Pharmacist! And you thought you were having a bad day.

Not to be outdone, doctors are also using blogs to get a few things off their chest. The logically named Dr Rant, Dr Grumble and Angry Medic can all be found via the award-winning NHS Blog Doctor, who also kindly provides a roundup of the Best of British medical blogs.



mrhunnybun - life in a small-town pharmacy

In community pharmacy, mrhunnybun details everyday life with the "bozos, weirdoes, freaks" and "very occasional lovely patient". There are also observations from the shop floor from UK Community Pharmacist and C+D's Dee Spencer, who is an oasis of calm exasperation compared with some of her peers.

So what's the point in it all? Well, the self-proclaimed Pharmacy God goes as far as describing blogging as therapy. So, if the new contract or pharmacy life in general is driving you mad, why not vent your spleen in the blogosphere?

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www.theangrypharmacist.com

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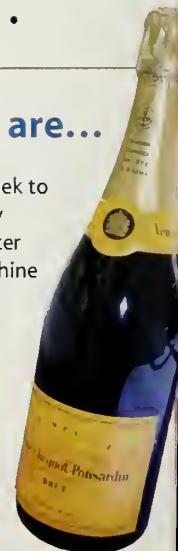
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And congratulations also to Lindsay McClure of PSNC, who will deservedly be enjoying a chilled glass of Veuve Clicquot after suggesting [MyHeritage.com](http://www.myheritage.com)'s celebrity face recognition tool as one of her favourites – even if it does say I look like a cross between one of Westlife and the Spanish Prime Minister. Check out your celebrity doppelgangers at <http://www.myheritage.com/FP/Company/face-recognition.php>



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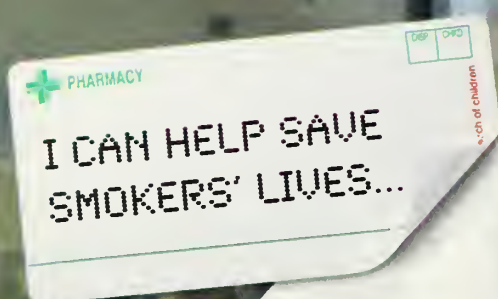
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